

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of L^{ts} on Back of this Certificate

Board of Health City of Baltimore.

Permit No. A 961 Office of Registrar of Vital Statistics. Ward 9⁴

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John F. Coates

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 36 Years, — Months, — Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and Number. } 714 Lexington Court

Cause of Death, { First (Primary), Second (Immediate). } Bronchitis
Hemorrhage

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 6, 1887

Undertaker, Hercules Ross } Geo. H. Brown M. D. Medical Attendant.

Place of Business, 404 Congress St. Address, 576 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 782

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department Baltimore.

Permit No. 962 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christine Christ

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 85 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } widows

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Roedelheim, Hessen Darmstadt

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 4 East Jasper Street No 1 (old number)

Cause of Death, { First (Primary), Old age }
{ Second (Immediate), }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 7 July 1887

{ Undertaker, W. Tunnel } S. F. Reinhard M. D.
Medical Attendant.

{ Place of Business, 594 W. Biddle St } Address, 720 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 963. Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 81 Years, 7 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower ✓

Occupation, Cooper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give Street and Number. } 803 N. Sharp St.

Cause of Death, { First (Primary), Second (Immediate), } Senile marasmus
Apoplexy.

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7th 1887

Undertaker, Ernst Schloman

Wm. Lombel M. D.
Medical Attendant.

Place of Business, 1039 Hanover Address, 610 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 964 Office of Registrar of Vital Statistics. Ward 19²

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles B Arlles
(Arlles)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 2 Months, 2 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 1605 Edmonson Ave

Cause of Death, { First (Primary), Tubercular Meningitis
Second (Immediate), ✓ }

Duration of Last Sickness, about 10 days

* All the above information should be furnished by the Physician.

Place of Burial, W. F. Oberlin Cemetery

Date of Burial, July 6th 1887

{ Undertaker, J. E. & J. Mitchell

{ Place of Business, 535 W Fayette St Address, 1205 W Fayette St

Robert H. Kucan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 965

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth A. Monroe

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 11 Months, 18 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, { Give Street and Number. } 62 Morris Alley

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
Exhaustion

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Calvary Cemetery

Date of Burial, July 6, 1887

Undertaker, Wm. H. Smith Medical Attendant, C. O. Miller M. D.

Place of Business, 510 N. Lombard St Address, 312 N. Madison

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 700

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Discrepancies back of this Certificate.

Health Department, City of Baltimore.

Permit No.

966

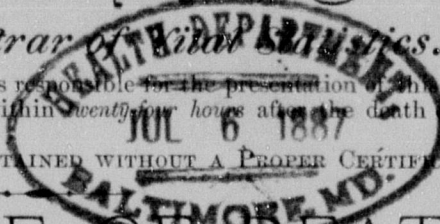
Office of Registrar of Deaths

Ward

11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 5th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ellen Martin Bond

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

Months,

Days.

4

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

4 mo

Place of Death,

{ Give Street and Number. }

819 D Monument St

Cause of Death,

{ First (Primary), Second (Immediate), }

Asphyxia

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Greenbury

Date of Burial,

July 7, 1887

Undertaker,

Wm. H. Hensley

J. A. Gilliss

M. D.

Medical Attendant.

Place of Business,

541 Orchard St

Address,

437 W Bedell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 967

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

967

Office of Registrar of Vital Statistics.

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5 - 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E. Brown

Sex, Male or Female,

{ Cross out the word not required in this line. }

female

Age,

Years,

4

Months,

Days.

Color,

white.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

ml

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

lifetime

Place of Death,

{ Give Street and Number. }

508 E. Eager

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum

asthma

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Texas. Baltimore

Date of Burial,

July 6th

Undertaker,

H. C. Wiedefeld

Medical Attendant.

Place of Business,

916 Greenmount Ave

Address,

403 E. Eager

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

No. 968

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 968 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4 1889

Full Name of Deceased, Margaret Heagy

Sex, ~~Male~~ Female

Age, 65 Years

Color, White

Married, ~~Single~~ Widow or Widower

Occupation,

Birth Place, England

Duration of Residence in the City of Baltimore, 46 years

Place of Death, 413 Greenmount St.

Cause of Death, Paralysis

Duration of Last Sickness, 2 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Gormanstown

Date of Burial, July 6th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmount Ave

Address, 318 Greenmount St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 707

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 969 Office of Registrar of Vital Statistics.

Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, abt 30 or 35 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown

Occupation, Supposed to be that of a dredge.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Unknown - Came from Cambridge Mass.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Died aboard Steamer Ind Avon (Lighter)

Cause of Death, { First (Primary), Second (Immediate), } Supposed to be Chol. Morbus.
Exhaustion.

Duration of Last Sickness, Unknown - supposed to be 2 or 3 days.

All the above information should be furnished by the Physician.

Place of Burial, M. Public Cemetery

Date of Burial, July 6th 1887

Undertaker, Geo. E. Brown J. J. Hamery

M. D.

Place of Business, Health Office Address, 1701 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

over

Health Department, City of Baltimore.

Permit No. 970 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie McGraw

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 904 Constitution St ✓

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 6th

Undertaker, H. C. Wiedefeld } Oscar J. Mackery M. D. Medical Attendant.

Place of Business, 916 Green Mt Ave Address, 624 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]